

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2971HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2009
NAME OF PROVIDER OR SUPPLIER THELMA CALLIS GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 7016 W WASHINGTON AVE LAS VEGAS, NV 89128		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on June 24, 2009. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The census at the time of the survey was one. One resident file was reviewed and one employee file was reviewed.</p> <p>The following deficiencies were identified:</p>	H 000		
H 018	<p>Director Duties-BLC&DAS Phone Numbers</p> <p>NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 3. Ensure that the residents of the home: (b) Receive: (4) The names of, and the telephone numbers for the registration of complaints with the bureau and the aging services division of the department of human resources.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review on June 24, 2009, the director did not ensure that the names and telephone numbers for registration of complaints with the Bureau of</p>	H 018		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H 018	Continued From page 1 Health Care Quality and Compliance and the Division for Aging Services were made available to 1 of 1 residents (Resident #1).	H 018		
H 019	Director Duties-No FA/CPR NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 4. Ensure that a caregiver, who is capable of meeting the needs of the residents and has been trained in first aid, and cardiopulmonary resuscitation, is on the premises of the home at all times when a resident is present. This Regulation is not met as evidenced by: Based on record review and staff interview on June 24, 2009, the director did not ensure that 1 of 1 caregivers had received training in cardiopulmonary resuscitation (CPR) and first aid (Employee 1).	H 019		
H 040	Agreement Concerning Rates NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 1. Enter into a written agreement with each resident of the home that sets forth the basic rate for the services of the home and the charges for any optional services. This Regulation is not met as evidenced by:	H 040		

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H 040	Continued From page 2 Based on record review on June 24, 2009, the facility could not produce a rate agreement that set forth the basic rate for the services of the home and the charges for any optional services for 1 of 1 residents (Resident #1).	H 040		
H 041	Records of Residents-Maintain file 5 years NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the home. This Regulation is not met as evidenced by: Based on observation, record review and interview on June 24, 2009, the facility failed to maintain a separate, organized file for 1 of 1 residents (Resident #1). It has some of the information required but not in a separate organized file.	H 041		
H 044	Records of Residents-Copy of physical NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 2. Maintain a separate, organized file for each resident of the home and retain the file for 5 years after the resident permanently leaves the	H 044		

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H 050	<p>Continued From page 4</p> <p>Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant</p>	H 050		

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H 060	<p>Continued From page 6</p> <p>ultimate user designates pursuant to a written agreement.</p> <p>NRS 454.213 Authority to possess and administer dangerous drug. [Effective through December 31, 2007.] A drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by:</p> <p>10. An ultimate user or any person designated by the ultimate user pursuant to a written agreement.</p> <p>This Regulation is not met as evidenced by: Based on record review on June 24, 2009, the facility could not produce an ultimate user agreement authorizing the facility to administer medications to 1 of 1 residents (Resident #1).</p>	H 060			

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